

50731. Medi-Cal Card Use.

(a) Persons certified for Medi-Cal shall receive a Medi-Cal card or either a PHP identification card, or a PCCM plan restricted card and shall show proof of eligibility for Medi-Cal services by one of the following:

(1) Presenting a valid Medi-Cal card to the Medi-Cal provider of their choice.

(2) Presenting their valid PHP identification card to a provider in the PHP in which the beneficiary is enrolled. PHP enrollees may obtain their services under emergency circumstances from non-PHP providers by presenting their valid PHP identification card to the provider for purposes of billing the PHP. PHP enrollees also may be entitled to a restricted Medi-Cal card if they are enrolled in a noncomprehensive PHP.

(3) Presenting a valid PCCM plan restricted card to a provider in the PCCM plan in which the beneficiary is enrolled. PCCM plan enrollees may obtain services under emergency circumstances from nonplan providers by presenting a valid PCCM plan restricted card to the provider for purposes of billing the PCCM plan.

(b) Children who are receiving both SSI/SSP and an AFDC/BHI supplemental payment shall receive a Medi-Cal card under the SSI/SSP program only.

50732. Medi-Cal -Signature Requirement.

(a) Each Medi-Cal beneficiary must sign and date his/her Medi-Cal card in the space provided upon receipt and prior to presentation of the card for any services.

(b) The requirement in (a) above shall not apply to the following:

(1) Medi-Cal beneficiaries who are under 18 years of age.

(2) Medi-Cal beneficiaries who are in Long Term Care as defined in Section 50056.

(c) For purposes of subsection (a), for persons who are unable to sign their name or make a mark in lieu of a signature, "sign" shall mean a determination by the provider of services that the individual is unable to sign the Medi-Cal card because of a disability.

50733. Medi-Cal Card -Authorization for Services.

(a) The Medi-Cal card shall be authorization for the person named on the card to receive those Medi-Cal covered services for which the person is eligible.

(b) The Medi-Cal card shall be authorization for payment of claims only for the cost of Medi-Cal covered services which are all of the following:

(1) Incurred during the month in which the Medi-Cal card is valid.

(2) Not paid or obligated by the beneficiary to meet the share of cost requirement.

(3) Not provided by the PHP or PCCM plan of which the beneficiary is a member.

(4) Not payable by a third party under a contractual or other legal entitlement.

(5) Not prohibited due to the limited service status of the beneficiary.

(c) A mother's Medi-Cal card shall be authorization for services for her newborn child, if the conditions of (b) are met, during the month of birth and the month following the month of birth.

(d) It shall be a misdemeanor for a beneficiary to sell, furnish, give or lend the beneficiary's Medi-Cal card to any other person or persons for their use.

50735. Locations at Which Medi-Cal Card May Be Used.

(a) The Medi-Cal card shall be authorization for payment for Medi-Cal covered services received in any California county.

(b) The Medi-Cal card shall be authorization for payment for Medi-Cal covered services provided outside California in accordance with Section 51006.

50737. Format of Medi-Cal Card.

(a) A Medi-Cal card issued by the Department or by the county department in accordance with these regulations shall be used to authorize services.

(b) The Medi-Cal card for persons with no share of cost shall contain:

(1) Complete and accurate information identifying the beneficiary, the program under which eligibility has been established and other health care coverage entitlement.

(2) Valid month and year and whether it is a past month Medi-Cal card.

(3) Information on limited service or PHP status, if applicable.

(4) Two MEDI labels, if the card is a full complement card.

(5) Proof of eligibility (POE) labels.

(c) The Medi-Cal card for persons who have met their share of cost and are required to complete form MC 177S, shall contain:

(1) The items listed in (b).

(2) The date of certification for claims clearance.

(d) The Medi-Cal card for persons in long-term care, with a share of cost less than or equal to the monthly cost of care at the Medi-Cal reimbursement rate for the long-term care facility, shall contain:

(1) The items listed in (b).

(2) The amount of the share of cost.

50739. Full Complement and POE Only Medi-Cal Cards.

(a) A full complement Medi-Cal card is one which has POE labels and two MEDI labels. This type of Medi-Cal card shall be issued to a beneficiary who is not enrolled in a PHP:

(1) As the initial card for the current month of certification for Medi-Cal.

(2) As the initial card for any month of a retroactive period during which there is certification for Medi-Cal.

(3) As a replacement card for a person who is entitled to and has requested a card, has completed a Request for Medi-Cal Card or Additional POE Labels, form MC 110, and has not received a card.

(4) As a replacement card if the original was incorrect or mutilated and was returned to the county department with both MEDI labels intact.

(b) A Medi-Cal card with POE labels only shall be issued:

(1) To replace a lost or stolen card or a mutilated card with the MEDI labels missing.

(2) When additional POE labels are requested.

50740. Medi-Cal Cards for Restricted Medi-Cal Benefits to Certain Aliens.

An alien who is eligible for restricted Medi-Cal benefits, and who meets all other eligibility requirements, shall receive a Medi-Cal card which entitles him or her to program-covered services to treat an emergency medical condition as defined in section 14007.5(d) of the Welfare and Institutions Code and section 440.255 of title 42 of the Code of Federal Regulations, and pregnancy-related services, as defined in section 1(g) of chapter 1441 of the Statutes of 1988, and section 440.255 of title 42 of the Code of Federal Regulations.

50741. Medi-Cal Card Issuance by the Department.

(a) The Department shall issue a Medi-Cal card to each person who is not enrolled in a comprehensive PHP and is any of the following:

(1) Reported by the county department as both eligible and certified for Medi-Cal and for whom the county department is requesting that a card be issued.

(2) Reported by the Social Security Administration as eligible for SSI/SSP.

(3) Certified for Medi-Cal by BRU.

50742. Limitations on Eligibility Reports and Card Issuance Requests Submitted by the County Department.

(a) The county department shall not submit a report of eligibility to the Department for a person for a given month, or request the Department to issue a Medi-Cal card for a person for a given month, as long as any one of the following applies to that person for that month:

(1) The county has information which requires discontinuance of the person for that month.

(2) The person is subject to discontinuance for the month due to loss of contact or noncooperation.

(b) The county department shall not request the Department to issue a Medi-Cal card for a person for a month during the following periods:

(1) From time of county receipt of information which requires that the person be assigned a share of cost and receive a form MC 177S for a month, until the completed MC 177S is submitted to the county department.

(2) From time of county receipt of information which requires that an LTC person receive an increased share of cost, until determination of the increased share of cost is made.

(c) The county department shall not withhold a report of eligibility for the beneficiary for the coming month if information requiring an adverse action is received too late in a month for the county department to make that action effective the coming month because timely notice of the adverse action cannot be provided to the beneficiary.

(d) This section applies to all Medi-Cal eligibles including public assistance recipients.

(e) The report of eligibility data required by this section shall be completed in accordance with schedules issued by the Director.

50743. Medi-Cal Card Issuance by the County Department -No Share of Cost.

(a) The county department shall issue a current or past month Medi-Cal card as limited by Section 50746, to each person who meets all of the following conditions:

(1) Is eligible for SSI/SSP. The county department shall verify SSI/SSP eligibility by obtaining information from the SDX data available to the county. If the SDX data on the individual does not appear to be accurate or complete, proof of eligibility shall be any of the following:

(A) The SSI/SSP check for the month for which the card is requested.

(B) Documentation from the Social Security Administration verifying eligibility.

(C) An SSI/SSP award letter received that month.

(D) An approved Title XVI emergency loan for that month.

(E) Other proof of eligibility as specified by the Department.

(2) Is not enrolled in a comprehensive PHP for the month for which a card is requested.

(3) Needs any of the following:

(A) Additional or duplicate POE labels.

(B) A replacement for a mutilated card.

(C) A replacement for a card containing erroneous data.

(D) A replacement Medi-Cal card because the original card was not received. In this case, the SSI/SSP recipient shall complete and sign form MC 110.

(b) The county department may issue current or past month Medi-Cal cards, as limited by Section 50746, to all other Medi-Cal eligibles who meet all of the following conditions:

(1) Do not have a share of cost.

(2) Are not enrolled in a comprehensive PHP for the month for which a card is requested.

(3) Did not receive a Medi-Cal card. In this case, the beneficiary shall complete and sign form MC 110.

50745. Medi-Cal Card Issuance by the County Department -Share of Cost.

(a) The county department may issue current or past month Medi-Cal cards, as limited by Section 50746, to persons who are in long-term care and have a share of cost which is less than or equal to the monthly cost of care at the Medi-Cal reimbursement rate for the long-term care facility unless the person in long-term care also has a spenddown of property.

(b) The county department shall issue current month Medi-Cal cards with MEDI or POE labels to persons with a share of cost met by use of form MC 177S, if the person who requests the card signs a form MC 110 which indicates a need for medical services prior to normal anticipated receipt of a Department issued Medi-Cal card. In this case the county department shall process form MC 177S in accordance with Section 50658.

(c) The county department may issue current or past month Medi-Cal cards with POE labels only, as limited by Section 50746, to persons with a share of cost if certification by the county department or BRU has occurred.

(d) The Director may order the suspension of county issuance of Medi-Cal cards for persons with a share of cost, if the Director determines that the cost of the procedure is exceeding allowable costs under the Department's program for control of county department Medi-Cal administrative costs.

(1) The Director shall inform a county department of the suspension in that county, in writing, 30 days prior to the effective date of the suspension.

(2) The Director may reinstate the county issuance of Medi-Cal cards for persons with a share of cost, if it is determined that sufficient funds are available. Notification of the reinstatement shall be in writing.

50746. Limitation on Medi-Cal Card Issuance.

(a) The county department shall not provide a Medi-Cal card or request that a Medi-Cal card be issued by the Department to any Medi-Cal beneficiary more than one year subsequent to the month of service, unless one of the following conditions is met:

(1) A court action requires that a Medi-Cal card be issued.

(2) An adopted State hearing decision or other administrative hearing decision requires a redetermination of eligibility which results in a beneficiary's entitlement to a Medi-Cal card.

(3) An adopted State hearing decision states that, due to a county department or Department administrative error, a Medi-Cal card for a month was not received by the beneficiary.

(4) The Department requests that the Medi-Cal card be issued.

(5) The county department has determined that an administrative error has occurred.

50749. Control of County Issued Medi-Cal Cards.

(a) The county department shall record every Medi-Cal card issued or voided by the county department on the Control Log for MC 301, form HAS 2007.

(b) The county department may, with Department approval, use a substitute for form HAS 2007.

(c) The county department shall account for stocks of Medi-Cal cards, as required by the Department.

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50751. Report of Eligibles.

(a) The Department shall compile a monthly report of all persons eligible for Medi-Cal. This Report of Eligibles shall include all persons:

(1) Certified for Medi-Cal by the county department and reported to the Department for issuance of Medi-Cal cards or listing as enrolled in a PHP or PCCM plan.

(2) Certified for Medi-Cal and issued Medi-Cal cards by the county department.

(3) With a share of cost. These persons are reported as eligible but not certified for Medi-Cal.

(4) Certified for Medi-Cal and issued Medi-Cal cards by Benefits Review Unit.

(5) Reported by the Social Security Administration as eligible.

(b) The county department shall report the information specified in (a)(1), (2) and (3) in accordance with Department procedures.